

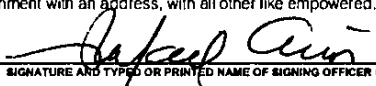


FILED
Jan 08, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000095512		
1. Entity Name LIFENET CORPORATION		
Principal Place of Business 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146		Mailing Address 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146
		
		01052007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0634297		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ARIAS, RAFAEL 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARIAS, RAFAEL 4649 PONCE DE LEON BLVD. STE 404 CORAL GABLES, FL 33146	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		1/4/07 Date Daytime Phone #